

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

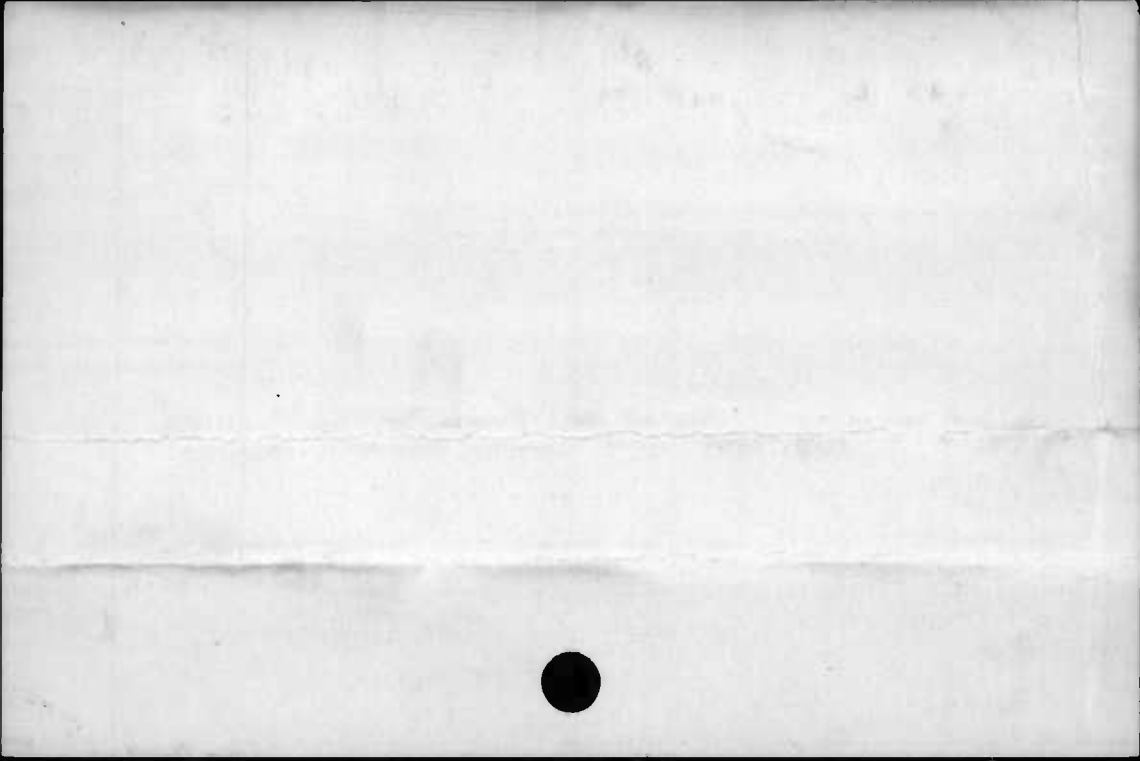
MARYLAND

Died at <i>Farmington</i> Town		<i>Cecil</i> County			
Date of death	<i>1906</i>	Month <i>6</i>	Day <i>30</i>	Age <i>82</i> Years	Months <i>9</i> Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sylmar, Ind.</i>		
Occupation _____	Where Residing if not at place of death <i>Farmington Ind.</i>				
Married, Single or Widowed <i>Widow</i>	Name of <del>Widow</del> Husband <i>John A. Abrams</i>				
Father's Name <i>Isaac Brown</i>	Father's Birthplace <i>Sylmar, Ind.</i>				
Mother's Maiden Name <i>E. England</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Sarah A. Ramsey</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

166

Primary <i>Falling down stairs</i>	How long _____
Immediate <i>General Debility</i>	How long <i>nearly 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Richardson</i>
	Address <i>Calverton - Ind.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

James Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Chesapeake City <sup>County</sup> Cecil

Date of death 1906 Month 6 Day 13 Age 83 Years 5 Months 11 Days

Sex Male Color or Race White Birthplace Baltimore Md

Occupation Retiree Farmer Where Residing if not at place of death at home in Chesapeake City

Married, Single or Widowed ☒ Widowed Name of Wife or Husband Sarah Allen

Father's Name Homer Allen Father's Birthplace don't know

Mother's Maiden Name ~~Don't know~~ Elsie Raley Mother's Birthplace don't know

Name of person giving information Mrs Sarah Allen How related to deceased wife

## CAUSES OF DEATH

Primary Aterio Sclerosis (81) How long Three years

Immediate Exhaustion How long +

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W C Karsner

Address Chesapeake City Md

Accident or Suicide? X



Name in Full		Katharine Barlow				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Liberty Town Groce		Cecil County		MARYLAND
	Date of death		1906	June	14th	Age	45
	Sex		Female		Color or Race		White
	Occupation		Housekeeper		Where Residing if not at place of death		Birthplace
	Married, Single or Widowed		Married		Husband		Wm. J. Barlow
	Father's Name		Richard Jefferis		Father's Birthplace		Salem N. J.
	Mother's Maiden Name		Mary Dunham		Mother's Birthplace		Salem N. J.
Name of person giving information		Ellie M. Knight		How related to deceased		Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Carcinoma of Stomach			How long	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
						Address	
	Accident or Suicide?					Liberty Groce Md.	



Name  
in  
Full

Kate Bryson

3 Dist

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> upper Elk Neck<sup>County</sup> Cecil

Date of death 1906 June

Day 25

Age 48

Months

Days

Sex Female

Color or Race white

Birth-place Maryland

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Washington Bryson

How related to deceased Brother

## CAUSES OF DEATH

Primary Insanity

92

How long

Immediate Pneumonia (catarrhal)

How long 3 wks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Arthur Mitchell M.D.  
Elkton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

9-81



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Walter S. Buckley

Died at *near Rising Sun* <sup>Town</sup>County *Cecil*

MARYLAND

Date of death *1906* <sup>Month</sup> *June* <sup>Day</sup> *30*Age *26* <sup>Years</sup>

Months

Days

Sex *Male*Color or Race *White*Birth-place *near Rising Sun*Occupation *Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed *single*Name of Wife or  
Husband ☒Father's Name *Benjamin H. Buckley*Father's Birthplace *Cecil Co.*Mother's Maiden Name *Lydia A. McCambridge*Mother's Birthplace *Cecil Co.*Name of person giving  
Information *Benj. H. Buckley*How related  
to deceased *Walter*

## CAUSES OF DEATH

153-

PHYSICIAN  
OR CORONERPrimary *Insanity*

How long

Immediate *Carbolic Acid*

How long

Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of Physician *Puckette Nelson*Address *Coroner of Cecil Co.  
Elkton, Md.*Accident or Suicide? *suicide*



Name  
in  
Full

Mildred M. Crothers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chiles</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>6</i> <sup>Day</sup> <i>30</i> <sup>Years</sup> <i>—</i>		Age <i>—</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George H Crothers</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Mary J. Lynes</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Mary J. Crothers</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stief Bone</i> <sup>(S)</sup>	How long	<i>!!!</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Parvicio MD</i>	
		Address <i>Cherry Hill MD</i>	
Accident or Suicide?			

Lee



Name  
in  
Full

## CERTIFICATE OF DEATH

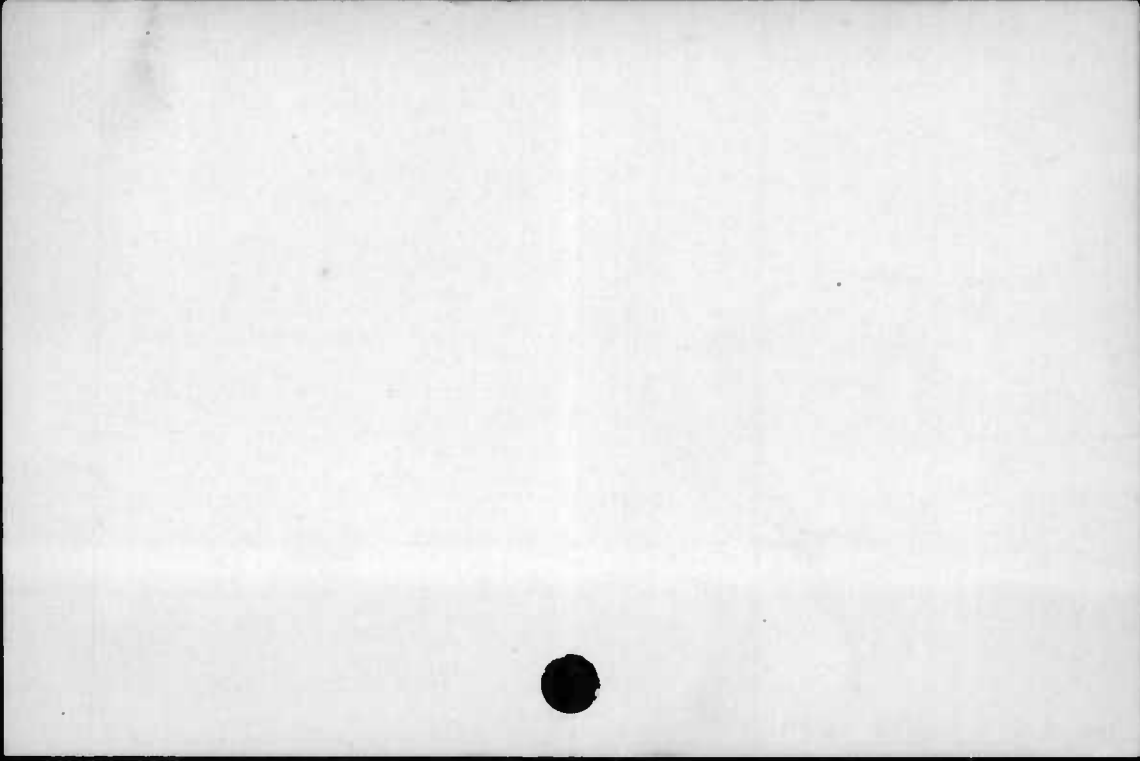
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Alexander Crouch</b>		Town <b>Principis Furnace</b>		County <b>Cecil</b>		MARYLAND	
Died at		Month <b>June</b>		Day <b>12</b>		Years <b>52</b>	
Date of death <b>1906</b>		Months <b>—</b>		Days <b>—</b>			
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Cecil Co</b>			
Occupation <b>—</b>				Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Levi Crouch</b>		Father's Birthplace <b>Cecil Co</b>					
Mother's Maiden Name <b>Annie Gibson</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>James Johnson</b>		How related to deceased <b>Half Brother</b>					

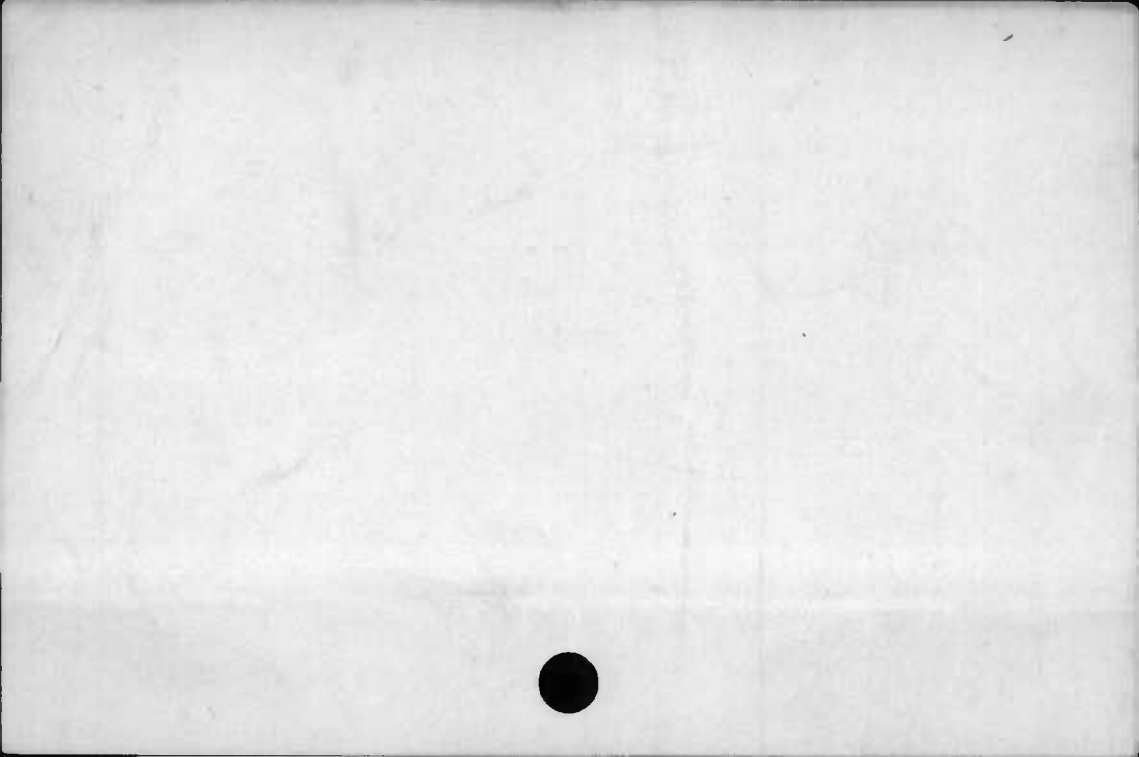
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Paralysis (66)</b>	How long	<b>2 years</b>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>W C Jackson Undertaker</b>	
		Address <b>Blythdale Ind</b>	
Accident or Suicide? <b>No Physician in attendance</b>			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Elkton</i>		County <i>Cecil</i>			
		Town		Maryland			
		Date of death <i>1906</i>	Month <i>June</i>	Day <i>26</i>	Age <i>70</i>	Months	Days
		Sex <i>male</i>	Color or Race <i>White</i>	Birthplace <i>Pennsylvania</i>			
		Occupation <i>Boat Builder</i>	Where Residing if not at place of death				
		Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Susan Esthu Dibut</i>				
		Father's Name <i>William Dibut</i>	Father's Birthplace <i>Pennsylvania</i>				
Mother's Maiden Name <i>Annitta Holbock</i>	Mother's Birthplace <i>Pennsylvania</i>						
Name of person giving information <i>Elmon Dibut</i>	How related to deceased <i>Son</i>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	(172)			How long		
	Immediate <i>Drowning</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ricketts Nelson</i>				
			Address <i>Coroner of Cecil Co. Elkton, Md.</i>				
	Accident or Suicide?						



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NEAREST FRIEND

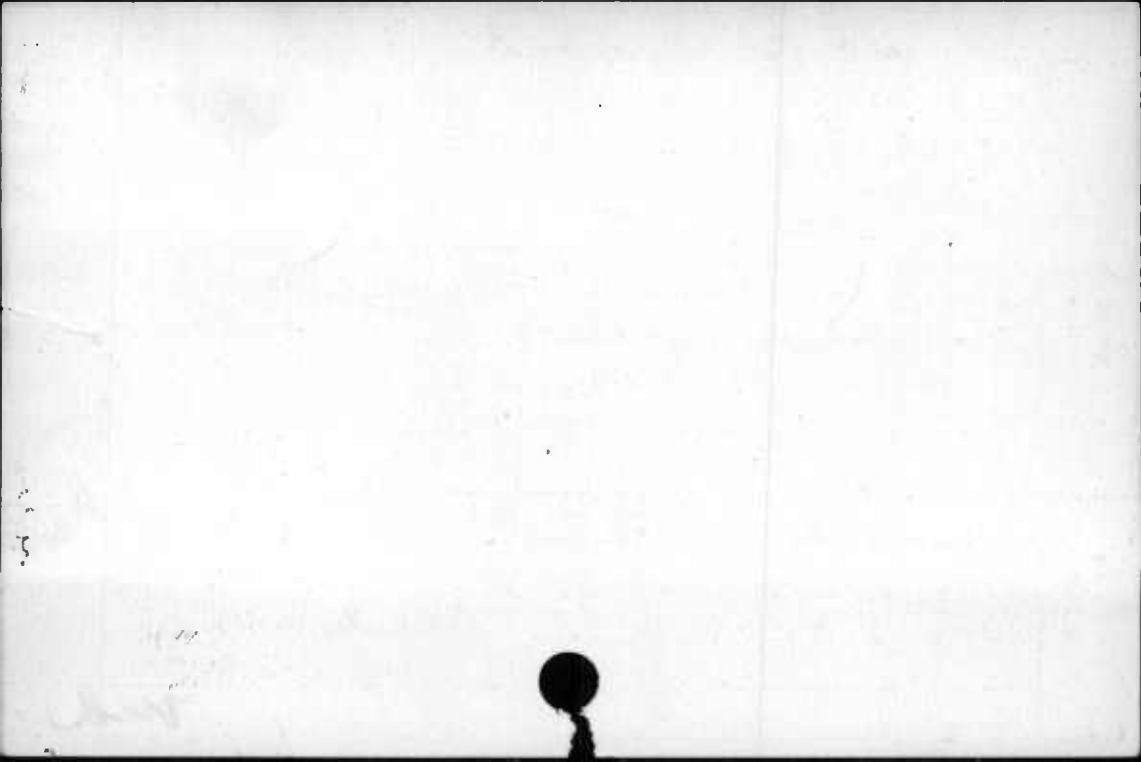
Name in Full <i>John B. Deam</i>		Town <i>Elkton</i>		County <i>Delaware</i>		STATE <b>MARYLAND</b>	
Died at <i>Elkton</i>		Date of death <i>1908 June 29</i>		Age <i>59</i>		Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Wilmington</i>				
Occupation <i>Carter</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Deam's</i>					
Father's Name <i>Jacob Deam</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Colman</i>		Mother's Birthplace <i>Wilmington</i>					
Name of person giving information <i>Jacob Deam</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

39

PHYSICIAN  
OR CORONER

Primary	<i>Epithelioma of upper right gum &amp; adjoining structures</i>	How long <i>about 16 months</i>
Immediate	<i>Exhaustion</i>	<i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Howard Brannon</i>
		Address <i>Elkton Md</i>
Accident or Suicide?		



Name  
Full

## CERTIFICATE OF DEATH

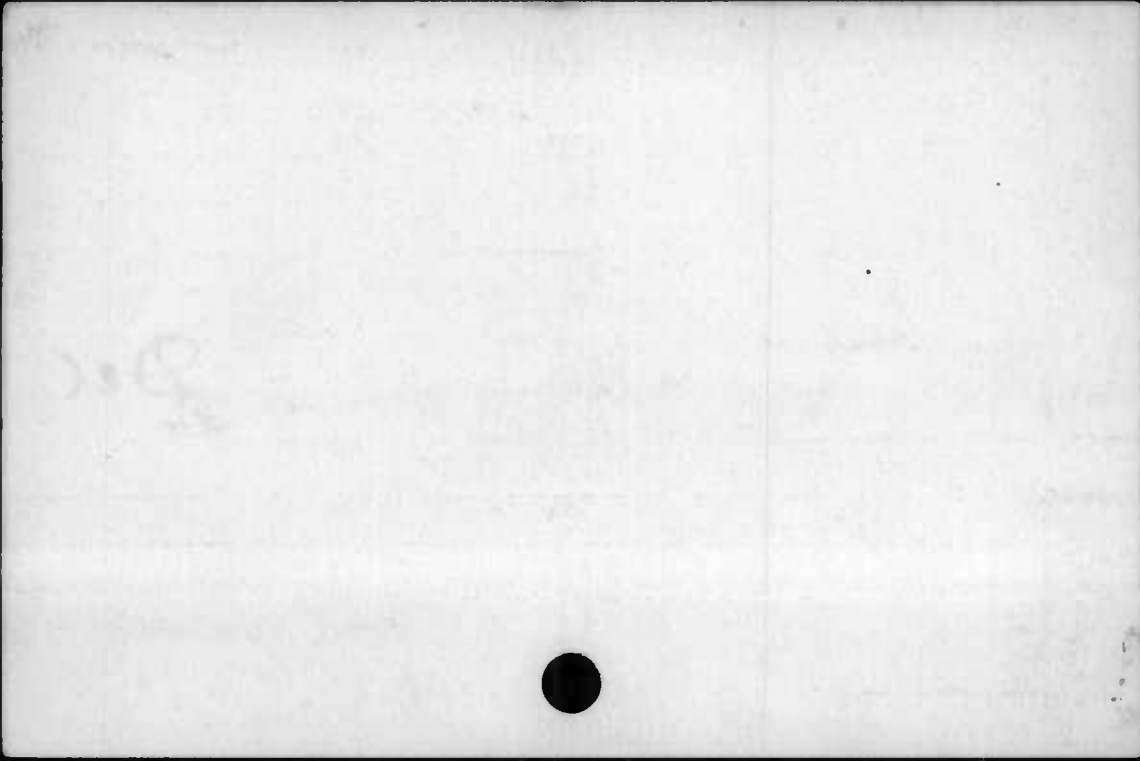
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elkton</i>		Town		<i>beer's</i>		County	
MARYLAND							
Date of death <i>1904</i>		Month <i>June</i>		Day <i>14</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>Black Smith</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sophia Dumban</i>					
Father's Name <i>Justus Dumban</i>		Father's Birthplace					
Mother's Maiden Name <i>Sarah A Boulcher</i>		Mother's Birthplace <i>Del</i>					
Name of person giving information <i>Mrs Cawley</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>apoplexy</i>	(64)	How long
Immediate	<i>exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm D Cawley</i>	
		Address <i>Elkton</i>	
Accident or Suicide? <i>—</i>		<i>m.d.</i>	



Name  
in  
Full

Robert Henry Gussaway

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Freighttown*Date  
of death *1906*Month  
*6*Day  
*1*

Age

Years  
*—*Months  
*2*Days  
*10*

Sex

*male*Color or  
Race*african*Birth-  
place*Cecil co*Occupation  
*—*Where Residing if not  
at place of death.  
*—*Married, Single  
or Widowed*—*Name of Wife or  
Husband  
*—*Father's  
Name*Robert Gussaway*Father's  
Birthplace*Cecil co*Mother's  
Maiden Name*Golie Williams*Mother's  
Birthplace*Cecil co*Name of person giving  
information*Robert Gussaway*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*a Fall on Head*

How long

*2 weeks*

Immediate

*meningitis*

How long

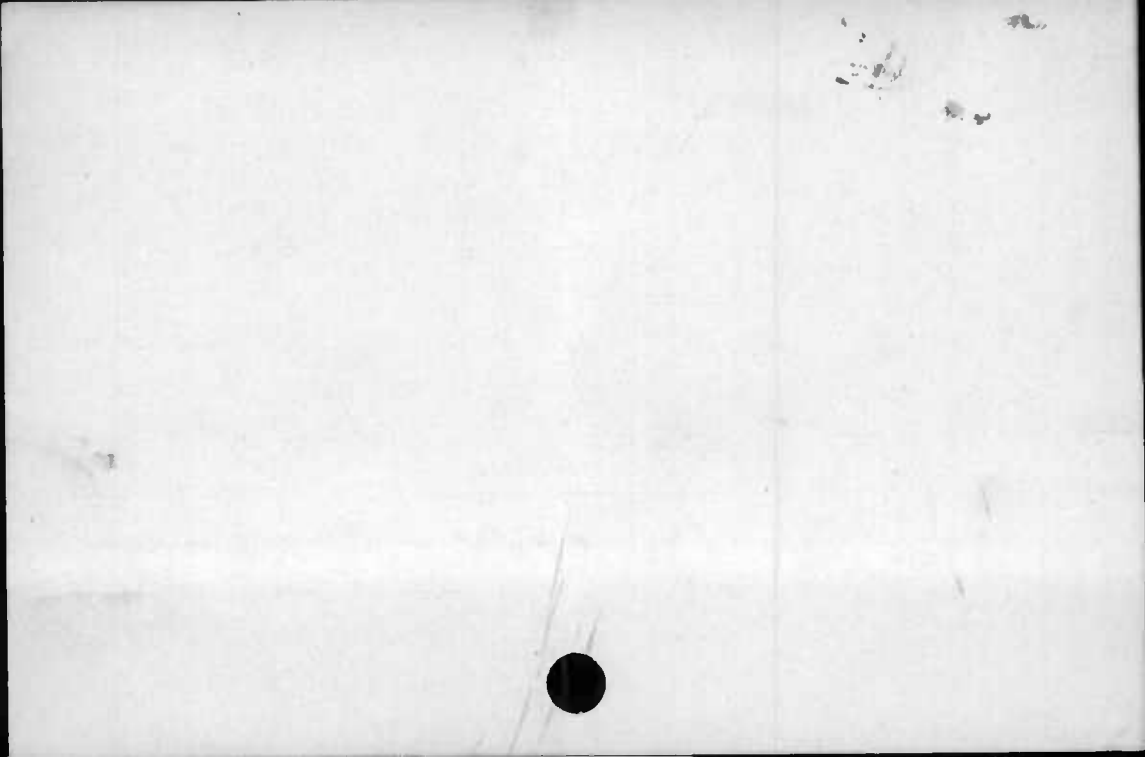
*3 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. M. Crawford*

Address

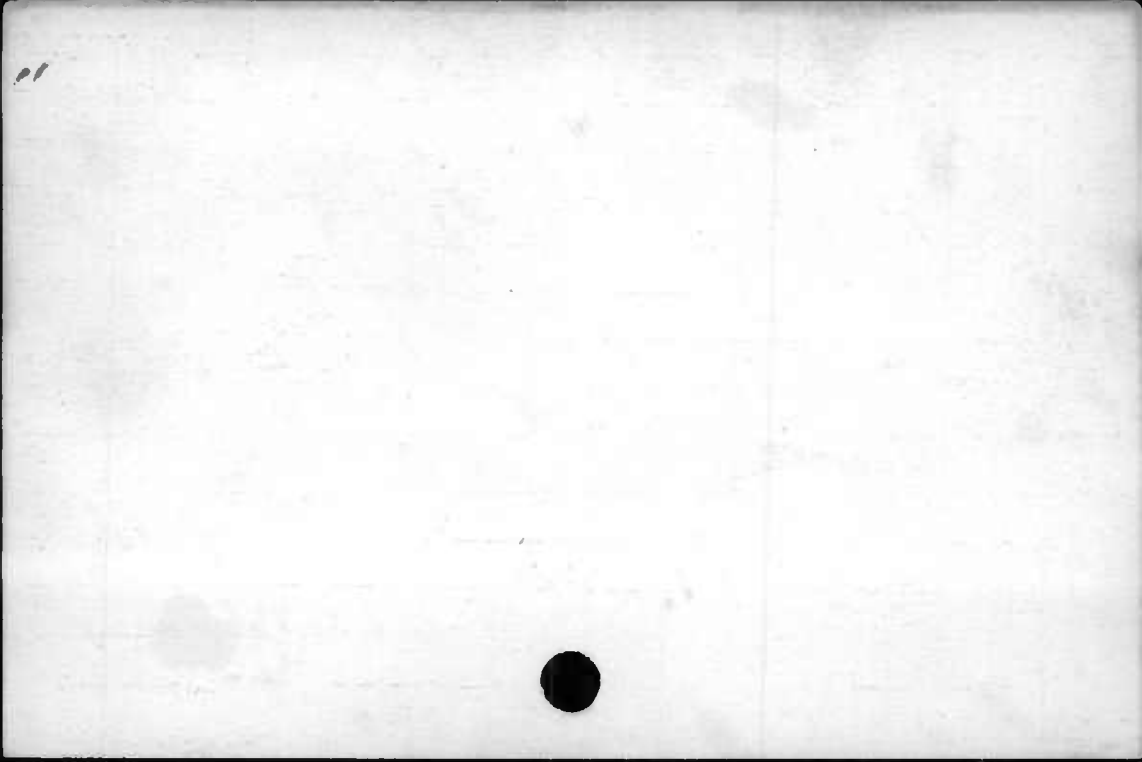
*Freighttown**M. L.*

Accident

*See Serial 2*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <i>Mrs. Sarah H. Lusher</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near. North East</i> <sup>Town</sup>		<i>Lucile</i> <sup>County</sup> <i>Co.</i>
	Date of death <i>1906</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>14<sup>th</sup></i> <sup>Years</sup> <i>41</i>		<sup>Months</sup> <i></i> <sup>Days</sup> <i></i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>
	Occupation <i>Store Keeper</i>		Where Residing if not at place of death
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband	
	Father's Name <i>John. Hamilton</i>	Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Jane Cairnes</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Matilda Mackey</i>	How related to deceased <i>Niece</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Epilepsy</i>	How long <i>2 days</i>	<i>(64)</i>
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. Mackey</i>
			Address <i>N. E. Ave.</i>
	Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Joseph McMullen</i>		Town <i>Port-Deposit</i>		County <i>Cecil</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1906 June 17</i>		<i>—</i>		<i>1</i>		<i>13</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Port-Deposit</i>					
Occupation <i>Iron Infants</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>single</i>		Name of Wife or Husband							
Father's Name <i>Wm McMullen</i>		Father's Birthplace <i>Cecil Co Md</i>							
Mother's Maiden Name <i>Clara Warfield</i>		Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Clara McMullen</i>		How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Transition</i>		How long <i>3 weeks</i>	
Immediate <i>Convulsions</i>		How long <i>2 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. T. Brown</i>	
<i>yes</i>		Address <i>Port Deposit</i>	
Accident or Suicide?			

Arthur Tuck

—

Name  
In  
Full

Martha McMullen

## CERTIFICATE OF DEATH

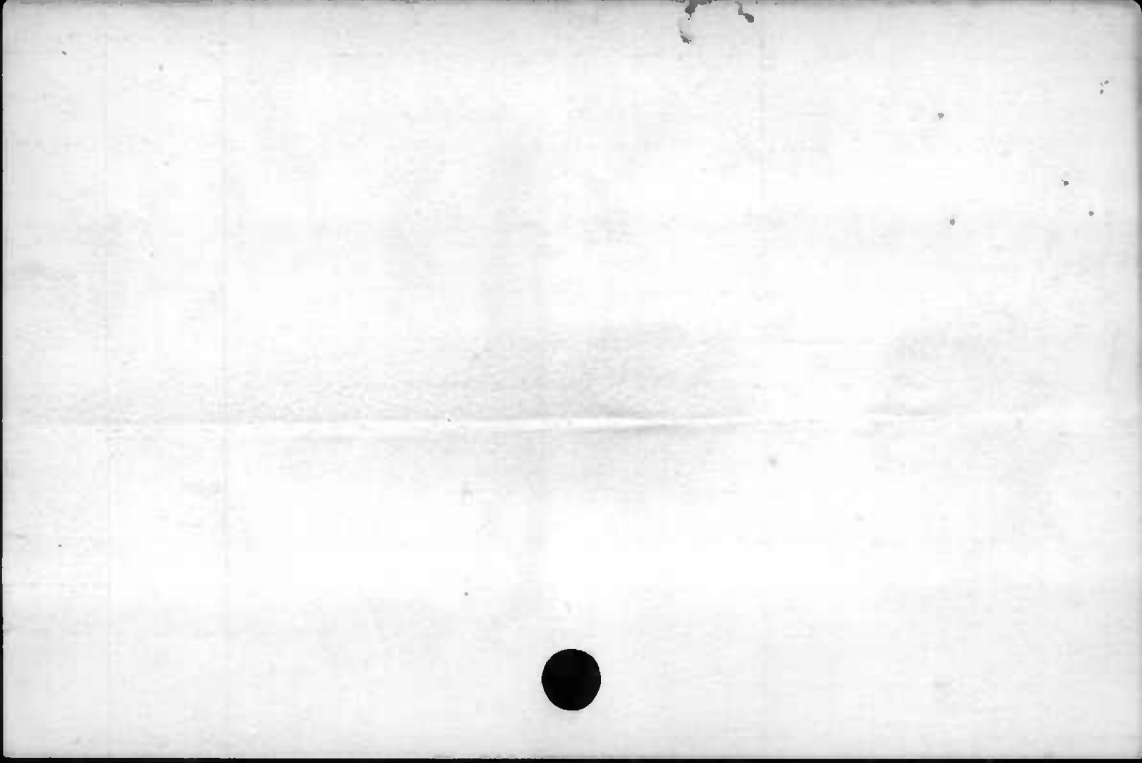
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Port Deposit		County Cecil		MARYLAND							
Date of death		Month		Day		Age		Years		Months		Days	
1906		June		25		Age		—		1		20	
Sex		Female		Color or		Colored		Birth-place		Port Deposit			
Occupation		— None		Where Residing if not at place of death									
Married, Single or Widowed		—		Name of Wife or Husband									
Father's Name		Wm McMullen								Father's Birthplace		Cecil Co	
Mother's Maiden Name		Clara Warfield								Mother's Birthplace		Cecil Co	
Name of person giving information		J S Brown Md								How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inanition	(105)	How long	1 month
Immediate	Inflammation of bowels		How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			J S Brown	
			Address	
			Port Deposit	
			Md	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant - Moore</i>		Town <i>Pleasant Hill</i>		County <i>Cecil</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>12</i>		Years <i>—</i>	
Date of death <i>1906</i>		Age <i>—</i>		Months <i>—</i>		Days <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Curtis Moore</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Bertha Thompson</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Curtis Moore</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Prematurity</i>	How long	<i>(151)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. P. Carrico MD</i>	
<i>Yes</i>		Address <i>Cherry Hill MD</i>	
Accident or Suicide? <i>—</i>			

4-81



Name  
in  
Full

Annie Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cecil		County Cecil		MARYLAND	
Date of death		1906	Month 6	Day 30	Age 20	Years 11	Months 27
Sex Female		Color or Race african		Birth- place Cecil Co Md			
Occupation House work		Where Residing if not at place of death Cecil Co					
<del>Married, Single</del> <del>or Widowed</del>		<del>Never Married</del> <del>Wife of</del> <del>Husband</del>					
Father's Name George W. Moore				Father's Birthplace Cecil Co			
Mother's Maiden Name Delia Moon				Mother's Birthplace Cecil Co			
Name of person giving Information Geo W. Moore				How related to deceased Father			

## CAUSES OF DEATH

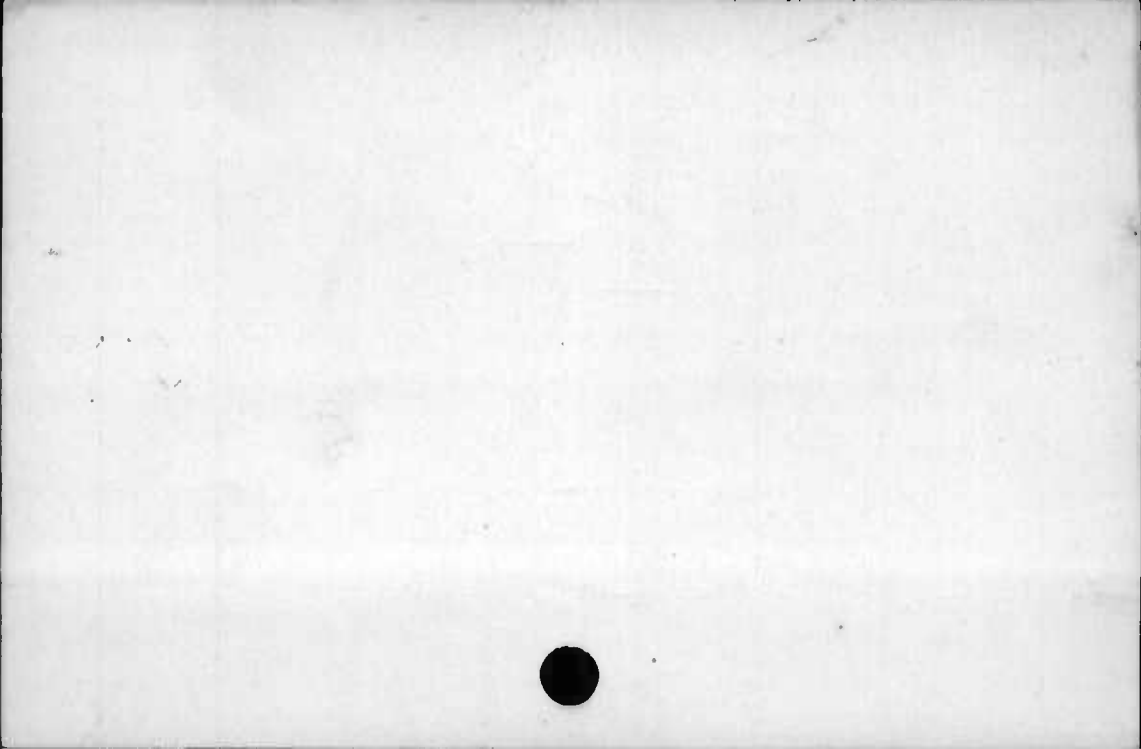
PHYSICIAN  
OR CORONER

Primary	Valvular Disease of Heart	How long	Four Weeks
Immediate	Drowning	How long	Four minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. R. Crawford MD	
Address		Cecil Co Md	
Accident or Suicide?			



Name in Full <i>Wm J Smith</i>		CERTIFICATE OF DEATH	
Died at Town <i>Elkton</i>		County <i> Cecil</i>	
Date of death <i>1906 June 13</i>		Age <i>57</i>	
Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation		Where Residing If not at place of death	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Smith</i>	
Father's Name <i>Samuel Smith</i>		Father's Birthplace	
Mother's Maiden Name <i>Sarah</i>		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH	
Primary <i>Uræmia</i>	How long <i>120</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm D. Gentry</i>
	Address <i>Elkton</i>
Accident or Suicide? <i>—</i>	<i>med.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near Cecilton* Town *Cecil* County

Date of death *1906* Month *June* Day *19* Age *73* Years Months Days

Sex *male* Color or Race *colored* Birth-place *Cecil Co Md*

Occupation *Farmer* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *married* Name of Wife or Husband *Jane E. Young*

Father's Name *Samuel S. Young* Father's Birthplace *Maryland*

Mother's Maiden Name *Rachel Young* Mother's Birthplace *Maryland*

Name of person giving information *Jane E. Young* How related to deceased *widow*

CAUSES OF DEATH

Primary *Old Age Heart Failure* (154) How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ricketta Nelson*

Address *Coroner of Cecil Co. Elkton, Md*

Accident or Suicide?



Name  
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Full

## CERTIFICATE OF DEATH

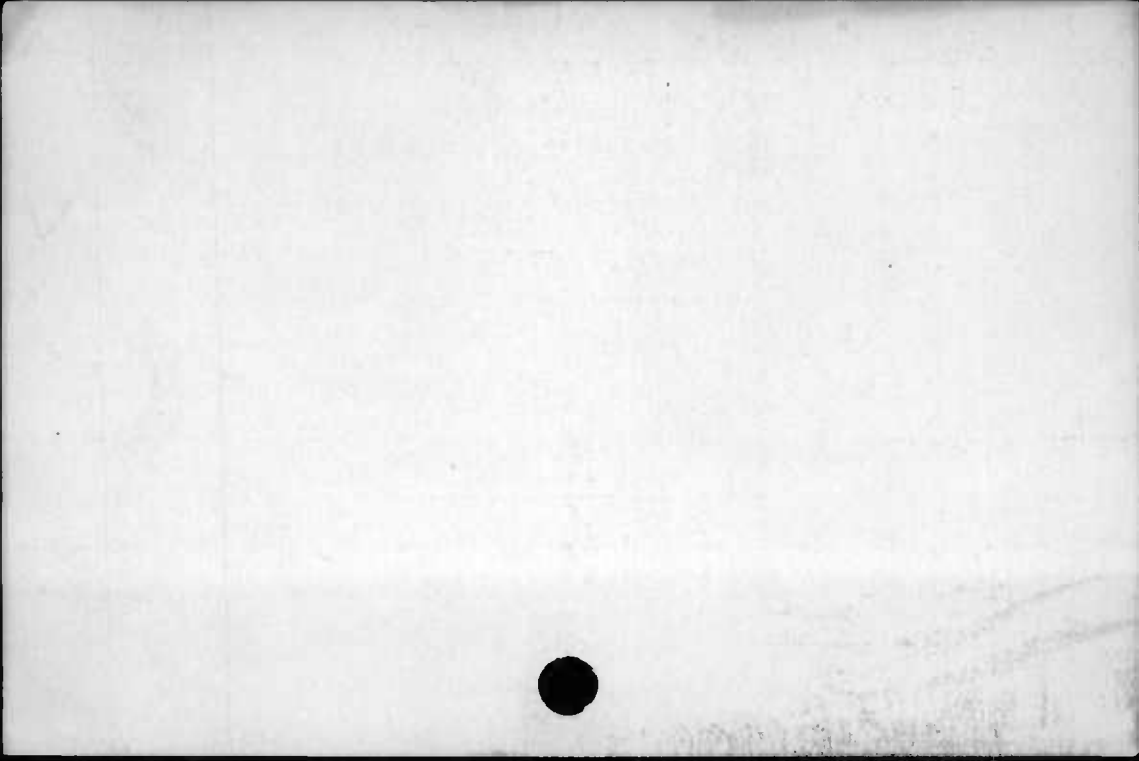
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near North East</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>10</i>	Years <i>25?</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>✓</i>	
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>✓</i>			Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>✓</i>			Mother's Birthplace <i>✓</i>		
Name of person giving information			How related to deceased <i>166</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Killed by a train on the P.B. &amp; M. Rail Road</i>	How long
Immediate <i>at Stony Run, near North East, Md.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>Ricketta Nelson</i>
	Address <i>Coronet Cecil Co, Md</i>
Accident or Suicide? <i>Accident</i>	<i>✓ E. Nelson, Md</i>



Name in Full		Unknown White Man				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Port Harmon</i> Town			County <i>Cecil</i>		MARYLAND	
	Date of death <i>1906</i>		Month <i>June</i>	Day <i>28</i>	Age <i>?</i> Years	Months	Days
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <input checked="" type="checkbox"/>		
	Occupation <input checked="" type="checkbox"/>			Where Residing if not at place of death <input checked="" type="checkbox"/>			
	Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>				
	Father's Name <input checked="" type="checkbox"/>				Father's Birthplace <input checked="" type="checkbox"/>		
	Mother's Maiden Name <input checked="" type="checkbox"/>				Mother's Birthplace <input checked="" type="checkbox"/>		
	Name of person giving information <input checked="" type="checkbox"/>				How related to deceased <input checked="" type="checkbox"/>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			<i>(172)</i>		How long	
	Immediate <i>Drowning</i>					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Rickerts Nelson</i>			
				Address <i>Corona of Cecil Co. Elkton, Maryland.</i>			
Accident or Suicide?							

